



Request for Waiver of the State Solid Waste Tonnage Fee

Disposal of Solid Waste Resulting from Natural Disasters

Applicant Information (please print or type)

Facility Name	
Facility Permit Number	
Facility Contact Name	
Contact Title	
Contact Phone	
Contact E-Mail	

Disaster Information

Date of Disaster	
Location	
Brief Description	
Estimated Clean-Up Period	

Request

I request a waiver of the Kansas solid waste tonnage fee (K.S.A. 65-3415b) for solid waste that is generated by the natural disaster described above and is disposed of at the solid waste disposal facility described above. All waste received under the conditions of this waiver will be recorded on a log provided by or approved by KDHE. I certify that the tonnage fee will not be collected from the customer for any of the waste that is covered by this waiver.

Signature

Date

Kansas Department of Health and Environment Approval

Approval Period _____

William L. Bider
Director, Bureau of Waste Management

Date